



PROVIDER REGISTRATION INTERPRETER ATTESTATION SHEET

Provider number	Provider phone
Provider Name	
Provider address	

☐ This account is for a sole proprietor interpreter.

☐ This account is for an interpreter agency, which employs two (2) or more interpreters.

I hereby certify that:

- I (or my employees) am/are not an employee of a health care or vocational provider.
- I (or my employees) am/are not an employee of an attorney.
- I (or my employees) am/are not an employee of any other insurer.

I also certify that I understand I can not provide nor charge for interpreter services for a crime victim client if I am:

- An employee of a health care provider rendering care to the crime victim client.
- An employee of a vocational provider, providing services to the crime victim client.
- An employee of an attorney who is representing the crime victim client.
- An employee or agent of the crime victims insurance carrier.
- A family member, neighbor, attorney-of-record, or friend of the crime victim client.

Date	Signature
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